

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/526,429
	Filing Date	11/02/2005
	First Named Inventor	Rommens
	Title	Diagnosis of Shwachman-...
	Art Unit	1637
	Examiner Name	Thomas, David
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	17 Nov 2009
Name	Peter Durie	Telephone	
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Johanna Rommens</i>	Date	<i>Nov 16, 2009</i>
Name	Johanna Rommens	Telephone	<i>416-813-7095</i>
Title and Company	<i>Senior Scientist, The Hospital for Sick Children</i>		

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